



FIREFIGHTER I/II

To Candidate:

Attached is the Massachusetts HAZARDOUS MATERIALS: OPERATIONS LEVEL RESPONDER application.

You **must** complete the following (2) pages within this packet prior to the start of class. The remainder of the packet will be filled out during class. Make sure you bring the entire packet with you to class.

- MEDICAL AUTHORIZATION FOR CERTIFICATION
- PROTECTIVE CLOTHING COMPLIANCE FORM

If you have any questions, contact your Chief of Department or the Fire Academy.

Regards,

BCFRTA

HAZARDOUS MATERIALS: OPERATIONS LEVEL RESPONDER

The certification to this level will require the following:

- Step 1- Fulfill the examination entrance criteria
- Step 2- Submission and acceptance of an application, Medical Authorization for Certification form, Hazardous Materials Training Affidavit, Protective Clothing Compliance form, and certification fee by the deadline date.
- Step 3- Successful completion of a written examination.
- Step 4- Successful completion of a practical examination. (See note below)

STEP ONE- EXAMINATION ENTRANCE CRITERIA

Examination entrance criteria for this level is the following:

- 1- At least 18 years of age at the time of the examination.
- 2- Possess a high school diploma or GED at the time of the examination.
- 3- Be a member of the Massachusetts fire service.

STEP TWO- APPLICATION PROCEDURE

The application, Medical Authorization for Certification form, Hazardous Materials Training Affidavit, Protective Clothing Compliance form, and certification fee must be submitted and received at the Massachusetts Firefighting Academy no later than the deadline date noted in the examination schedule. The certification fee must be in the form of a personal check, bank draft, money order, municipal check, or municipal purchase order made to the order of the Massachusetts Firefighting Academy Trust Fund. All others will be rejected. Upon acceptance, the candidate will be assigned to the examination date requested on the application. All applicants will be notified by email and if accepted will be supplied with all examination procedures.

American with Disabilities Act (ADA) – The Massachusetts Fire Training Council will make every attempt to meet the needs of persons with disabilities and taking certification examinations. If you request accommodations (by checking the box on your certification application) please immediately contact the DFS Civil Rights Officer, Mary Travers at (978) 567-3145, to determine accommodations you may receive. Candidates who have received accommodations in the past must also contact Ms. Travers to determine if any additional documentation is required. Each request will be handled confidentially.

STEP THREE- WRITTEN EXAMINATION

This section will consist of 100 multiple choice questions given in a 120 minute period designed to examine the knowledge required by NFPA Standard 472, 2013 edition- Awareness Level Personnel & Operations Level Responders Chapters 4, 5, 6.2, and 6.6.

The reference from which questions for this written examination will be drawn is as follows...

Hazardous Materials for First Responders, fourth edition. Fire Protection Publications. (IFSTA)

Candidates will also be issued a DOT Emergency Response Guidebook for the duration of the examination and will be asked specific questions concerning this manual.

SAMPLE QUESTIONS

The following are sample questions to represent most of the **type** of questions a candidate will be asked to answer during the written examination.

1. For a candidate for this level of certification to be successful, he or she must do the following.
 - A. Take the examination process seriously.
 - B. Read all documentation carefully.
 - C. Study all references and applicable skill sheets closely.
 - D. All of the above.

2. Of the following, which would be a high pressure (over 75 psi) carrier?
 - A. MC 306
 - B. MC 312
 - C. MC 331
 - D. MC 307

3. Of the following, which is **not** a DOT hazard class?
 - A. Flammable gas
 - B. Oxidizer
 - C. Corrosive
 - D. Diesel fuel

4. In the NFPA 704 system, white indicates_____, blue indicates_____, red indicates_____, and yellow indicates_____.
 - A. flammability hazards, health hazards, special hazards, reactivity hazards.
 - B. special hazards health hazards, flammability hazards, reactivity hazards.
 - C. health hazards, special hazards, flammability hazards, reactivity hazards.
 - D. special hazards, health hazards, reactivity hazards, flammability hazards.

ANSWERS

1. B 2. C 3. D 4. B

STEP FOUR- PRACTICAL EXAMINATION

The candidate will be examined in selected skills as required by NFPA 472, 2013 edition. All candidates will receive ALL potential skills sheets which may be examined, but this practical examination will only address a certain few. All candidates should be able to demonstrate all skills as notification of which skills to be examined will be given only on the day of the practical examination. The candidate will be notified by email of the practical examination date, time, location, and supplied with examination information to include examination procedures.

Candidates who have successfully completed the MFA Career or Call/Volunteer Recruit Programs after January 1, 2014 are not required to attend the practical examination.

PASS/FAIL CRITERIA:

Candidates must achieve at least a 70% (in each section) on the written examination to achieve a passing score. Candidates must also achieve at least a 70% on each skill with no failures on critical tasks.

PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS

Protective clothing- Protective clothing will be inspected prior to any candidate participating in the practical examination to assure the clothing meets the minimum requirements established by the Council. Your acceptance package will outline the inspection process for protective clothing. The Training Council reserves the right not to allow a candidate to participate in the examination for a lack of minimum protective clothing. There will be NO protective clothing available at the examination site.

Self-Contained Breathing Apparatus- Those candidates who wish to bring their own SCBA are encouraged to do so. However, it must meet the following minimum requirements:

1. Duration of at least 30 minutes.
2. Capable of being operated in the positive pressure mode.
3. NIOSH/MSHA approved.
4. Spare air bottles must be from the same SCBA manufacturer as the unit.

SCBA will also be inspected prior to a candidate participating in the practical examination and the Training Council reserves the right to not allow a candidate to be examined with SCBA not meeting the above criteria.

Facial hair- Manufacturers of self-contained breathing apparatus and OSHA regulations recommend that persons wearing beards, side-burns, or lengthy hair styles should not wear self-contained breathing apparatus since it may interfere with a proper facepiece seal and render the unit ineffective. The Massachusetts Fire Training Council endorses this same policy. As certification examinations utilize and examine SCBA practical skills, persons wearing beards, sideburns or lengthy hair styles which may interfere with a proper facepiece seal will not be allowed to take any part of the practical examination.

IMPORTANT NOTE: All portions of this certification level must be completed within twelve months from the initial exam date. After twelve months, candidates will be required to reapply for certification as a new candidate for this level.

MASSACHUSETTS FIRE TRAINING COUNCIL
Certification Examination Application

SECTION 1 - EXAMINATION DATA

Examination: _____ **HAZARDOUS MATERIALS: OPERATIONS LEVEL RESPONDER** _____

Examination Date: _____ Location: _____

If you are taking this examination for the first time, check below.

Any retake of portion(s) of this examination, check the appropriate box(s) below.

Full Examination

Written Only

Practical Only

Americans with Disabilities Act (ADA) accommodations requested. Check Box

SECTION 2 - APPLICANT DATA

Enter the following information. Name will appear on your certificate as it is printed below.

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing

Address: _____

Street or Post Office Box

City

State

Zip

Telephone: Home (_____) _____ Work (_____) _____ Last 4 digits of SS # _____

This is a new address and/or phone numbers. Check box. Email: _____

SECTION 3 - FIRE SERVICE AFFILIATION

I am a member of one or more of the following:

- A municipal fire department in the Commonwealth of Massachusetts, compensated or uncompensated, active or retired.
- A non-municipal organization whose sole function is to provide services equivalent to a municipal fire department to a municipality in the Commonwealth of Massachusetts, compensated or uncompensated, active or retired.
- Full-time employees of the Massachusetts Department of Fire Services; Massachusetts Department of Environmental Management; Massachusetts Port Authority; and the University of Massachusetts, Amherst; active or retired. (Full-time employees of the Department of Fire Services are defined as those full-time employees in the Haz-Mat Division, the Division of Fire Safety, and the Firefighting Academy. State Police personnel assigned to the Fire and Explosion Investigation Unit and the Hazardous Devices Unit are not considered full-time employees of the Department of Fire Services.)
- Full-time, civilian (non-military) members of military fire departments on installations which are located within the Commonwealth of Massachusetts.

Current Department or Organization Name: _____

Appointment Date: _____

SECTION 4 - PRACTICAL EXAMINATION FULFILLED

Enter program, if applicable- MFA Recruit Program or MFA Call/Volunteer Program completed after 01-01-2014

Training Program: _____ Date Completed: _____

SECTION 5 - MISCELLANEOUS

Check the appropriate box below and complete.

- Training Affidavit enclosed.
- Protective Clothing Compliance form completed and enclosed.
- Medical authorization form completed and enclosed. (valid for 6 months)

SECTION 6 - APPLICANT CONFIRMATION

I, the applicant, by my signature below, attest that all of the above information is true, I am at least 18 years of age, and I possess a high school diploma or GED.

Signature: _____ Date: _____

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The applicant will be notified by Email regarding their acceptance into this examination after the examination application deadline date has passed.

Note: The Training Council has an appeal process and fraud/misrepresentation policy. Visit the certification "Frequently Asked Questions" section of their website for details. (www.mass.gov/dfs)

SECTION 7 – CERTIFICATION FEE

The \$30.00 certification fee must be in the form of a personal check, money order, bank draft, municipal purchase order, or municipal check to the order of the **MASSACHUSETTS FIREFIGHTING ACADEMY TRUST FUND.**

Note: Cash cannot be accepted.

Please indicate the form of payment enclosed.

- Personal Check Bank draft Money Order Municipal Check Municipal Purchase Order

Submit this application, any accompanying documentation, and the \$30.00 certification fee to:

**Certification Examination
Massachusetts Fire Training Council
P.O. Box 1025
Stow, MA 01775**

This application, accompanying documentation and certification fee **MUST** be received at the above address no later than the close of business on the deadline date as listed in the examination schedule.

Please note: There will be a \$15.00 charge for bounced checks per 801 CMR 408.

Certification examination results will be withheld until all certification fees and surcharges (ex. bounced check fees) are paid in full.

Incomplete applications will be returned.

NAME _____ Last 4 digits of SS# _____

MASSACHUSETTS FIRE TRAINING COUNCIL

MEDICAL AUTHORIZATION FOR CERTIFICATION

NAME _____ DATE ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

The above named applicant for Fire Service Certification in the Commonwealth of Massachusetts has no known medical or physical conditions which would prevent participation in any or all of the physical activities which may be required by the practical skills demonstration portions of NFPA 1001, NFPA 1002, NFPA 1006, or NFPA 472.

PHYSICIAN'S SIGNATURE

DATE

OR

CHIEF OF DEPARTMENT SIGNATURE

DATE

NAME _____ Last 4 digits of SS# _____

MASSACHUSETTS FIRE TRAINING COUNCIL

PROTECTIVE CLOTHING COMPLIANCE FORM

Block "A" **OR** Block "B" must be completed by the appropriate party.

BLOCK "A"

I hereby attest that the full ensemble brought to the certification examination by

_____ will be less than ten (10) years old
(print candidate's name)

and complies with the following standards:

NFPA 1971: Standard on Protective Ensemble for Structural Firefighting and Proximity Firefighting.

OSHA 29 CFR 1910.156 (e) (2) (iii)

"Full Ensemble" includes helmet, protective hood, coat, trousers, gloves, and boots

Chief of Department Signature

Date

BLOCK "B"

I hereby attest that the full ensemble brought to the certification examination by

_____ will be less than ten (10) years old
(print candidate's name)

and complies with the following standards:

NFPA 1971: Standard on Protective Ensemble for Structural Firefighting and Proximity Firefighting.

OSHA 29 CFR 1910.156 (e) (2) (iii)

"Full Ensemble" includes helmet, protective hood, coat, trousers, gloves, and boots

Candidate Signature

Date

NAME _____ Last 4 digits of SS# _____

MASSACHUSETTS FIRE TRAINING COUNCIL

PREREQUISITE TRAINING AFFIDAVIT FOR HAZARDOUS MATERIALS CERTIFICATION

I attest that: _____ has received training to meet the
(candidate's name)

objectives of the following chapters of NFPA Standard 472 to the level of...

Awareness Level Personnel &
Operations Level Responders

Chapters 4, 5, 6.2, & 6.6

Signature:

Chief of Department or Training Officer * _____ Date: _____

* I understand my signature above is governed by the Fraudulent Misrepresentation Policy
of the Massachusetts Fire Training Council.